



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

5270

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Citizens for Good Government

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 899-5425

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

1308 Schleicher Ave

5. City, State, ZIP Code

Indianapolis, Indiana 46229

6. Party Affiliation (if applicable)

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

10. County of Residence

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: JANUARY 1 - 2009 Through: December 31 2009

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

618.90

14. Cash on hand and investments January 1, current year.

618.90

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

618.90

618.90

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

608.90

608.90

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Date

Ernestine Taylor

Treasurer

1-16-2010

Signature of Candidate (if applicable)

Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

Charles A. White

JAN 19 2010

FILED



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OF A POLITICAL COMMITTEE**

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)		RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other _____ Purpose: <u>Service Charge</u>	<u>\$10.00</u>	<u>\$10.00</u>	<u>11-30-09</u> <u>12-31-09</u>
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B				\$ <u>10.00</u>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)				\$ <u>10.00</u>		

OLD NATIONAL BANK

P.O. BOX 718, EVANSVILLE, IN 47705

ACCOUNT NUMBER

3 of 4

001

STATEMENT DATE
11-30-09

182 150

PAGE 1

THANKS TO YOU WE'RE CELEBRATING 175 YEARS OF SERVICE.
WE'RE YOUR BANK FOR LIFE. OLDNATIONAL.COM

*****AUTO**3-DIGIT 462
15299 0.4760 AT 0.357 54 1 297

|||||

CITIZENS FOR GOOD GOVERNMENT
1308 SCHLEICHER AVE
INDIANAPOLIS IN 46229-2333

UNLAWFUL INTERNET GAMING TRANSACTIONS
ARE PROHIBITED ON ANY OF YOUR ACCOUNTS.

FREE BUSINESS CHECKING

PREVIOUS BALANCE	10-31-09	618.90
+DEPOSITS/CREDITS		.00
-CHECKS/DEBITS		.00
-SERVICE CHARGE		5.00
+INTEREST PAID		.00
CURRENT BALANCE	11-30-09	613.90
DAYS IN STATEMENT PERIOD	30	

DATE	TRACER	DESCRIPTION	AMOUNT
11-30	999	SERVICE CHARGE FEE	5.00-

DESCRIPTION	AMOUNT
Dormant Fee	5.00
Service Charges Waived	.00

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
10-31	618.90	11-30	613.90		

IF YOU HAVE QUESTIONS, PLEASE VISIT YOUR NEAREST
BANKING CENTER OR CALL US AT 1-800-731-BANK(2265).

1-800-731-BANK

Please see reverse side for important information





OLD NATIONAL BANK

P.O. BOX 718, EVANSVILLE, IN 47705

4 of 4

ACCOUNT NUMBER

[REDACTED]

001

STATEMENT DATE
12-31-09

PAGE 1

182 150

THANKS TO YOU WE'RE CELEBRATING 175 YEARS OF SERVICE.
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15383 0.7020 AT 0.357 117 1 142

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CITIZENS FOR GOOD GOVERNMENT
1308 SCHLEICHER AVE
INDIANAPOLIS IN 46229-2333

FREE BUSINESS CHECKING

PREVIOUS BALANCE	11-30-09	613.90
+DEPOSITS/CREDITS		.00
-CHECKS/DEBITS		.00
-SERVICE CHARGE		5.00
+INTEREST PAID		.00
CURRENT BALANCE	12-31-09	608.90
DAYS IN STATEMENT PERIOD	31	

DATE	TRACER	DESCRIPTION	AMOUNT
12-31	999	SERVICE CHARGE FEE	5.00-

DESCRIPTION	AMOUNT
Dormant Fee	5.00
Service Charges Waived	.00

DATE	BALANCE	DATE	BALANCE
11-30	613.90	12-31	608.90

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